MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIM	ORE, 18	05942
0934	CEDUIDICAMO OD DOAMY		90

CERTIF	ICATE	OF DEAL	CH R	eg. Dist. No	o. 040
1. PLACE OF DEATH:		2. USUAL RESIDE	INCE (HOME) OF	DECEASED:	
COUNTY Talbot MARYLAN	ND.	STATE Me		1:00	1
CITY (If outside corporate limits, write RURAL LENGT) OR and give nearest town) (in the country of the country		CITY(If outside OR	corporate limits, write	RURAL and g	ive nearest town)
HOSPITAL OR INSTITUTION OR INSTITUTION OR INSTITUTION OR STREET ADDRESS S DAVID STREET	rep	STREET ADDRESS	(If rural give	location)	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Pauline	11	ast)	4. DATE (Mont	th) (Day)	(Year)
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify): 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BU	May osiNESS	14. 1875	9. AGE last birthoay 1 80 yrs. 1	Months Days    Days   CITI	Hours Min.
even if retired throcoupied None	/	Lew Orles	ns, La:	10.9	5.a.
Buhoo William Forbes ad	ams	aline E.	M. Call	um	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECU	RITY No.	17. INFORMANT &	ADDRESS:		440
(Yes, no, or unk.) (If Yes, give war or dates of service)	ارو	Mrs. Joh	n Watson	in Que	enstron.
18. MEDICAL C	ERTIFICATIO	ON		INT	ERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	EATH			ON	SET AND DEATH
420.1		Human ba	*		(71
IMMEDIATE CAUSE (A)	you my	1 Congress			
ANTECEDENT CAUSE (S)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B)  DUE TO					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					-
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF	OPERATION				O. AUTOPSY?
				70.00	ES NO NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)	e, farm, factor office bldg., et	to. INJURY OCCUP	(City or town)	(County)	(State)
OF INJURY  OF INJURY  OF INJURY  M.   21E INJURY   While   No.   at work   at	ot while	21F. HOW DID I	NJURY OCCUR?		
22. I hereby certify that I attended the deceased from alive on 1927, and that death or SIGNATURE	-11 - 1	3 Q. M, from th	e causes and on t	he date state	ed above.
REMOVAL (SPECIFY) June 20-1955 Sp		Y OR CREMATORY	LOCATION (City Easton	town, or cour	hty) (State)
DATE REC'D BY LOCAL RESISTRATIS SIGNATURE	' /	24. FUNERAL D	IRECTOR	a AL	DDRESS

BUREAU K. S. 1955
JUN 27 1955

VS. A15-10-53

<b>a</b>	MARYLAND STATE DEPARTMENT	r of health—baltimore, 18	05943
T.	5953 CERTIFICATE	C OF DEATH Reg. Dist.	No. 290
every item of information carefully auses of death clearly and legibly.	1. PLACE OF DEATH:  COUNTY 2	STATE Mayle COUNTY CITY(If outside couporate limits, write RURAL a	Clos
y and	OR and give nearest town) TOWN HOSPITAL OR	OR TOWN Eddical STREET (If rural give location)	×
nformal	ODINSTITUTION OR STREET ADDRESS	ADDRESS	
m of in death o	OECEASED: (Type or Print) Walter C Bal	OF.	(Year) 4. 1955
ry iter	Male Co (Specify): Mayred 12-2  10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS)	Months D	ays Hours Min.
	work done during most of working life, even if retired): Farmer Farm tennaht  13. FATHER'S NAME:		LS: /A
K. Supply write the	SWAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	Mary Elles Du	Kerson
Ze Z	(Yes, no, or unk.) (If Yes, give war or dates of service) 2/4-12-500	Elma Bailey Oxy	od, md.
UNFADING sicians: plea	18. MEDICAL GERTIFICATI  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  HH H H H H H H H H H H H H H H H H H	Myocarditis	INTERVAL BETWEEN ONSET AND DEATH
Phy	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO  (B)  DUE TO	Tal Hypertinsin	440.
~ ಪ	(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.		
3	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY7 YES NO
TE PI ecially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (Count; etc. INJURY OCCUR?	y) (State)
R WRITE is especia	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	
SE TYPE OR correct age is	22. I hereby certify that I attended the deceased from 3. 13 alive on sum 13. 1965, and that death occurred at SIGNATURE	Ent. mid	
PLEASE	23. BURIAL CREMATION, BATE THEREOF NAME OF CEMETE.	RY OR CREMATORY LOCATION (City, town, or	md.
PI	DATE REC'D BY LOCAL AEGISTRAR'S SIGNATURE REGISTRAR  6.15.5.5  1.1	James Blankill	ating Mo.

DECENSED

JUN SI 1955

BUREAU V. S.

DECENTED

SEET IS NOT

BUREAU V. S.

Reg. Dist. No. 290 CERTIFICATE OF carefully. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY 191001 MARYLAND COUNTY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and give nearest town) (in this place) and information ATOWN EGSION hours TOWN clearly HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (First) (Middle) (Last) (Month) DATE (Day) (Year) death DECEASED of OF Hosie rowr (Type or Print) DEATH: item 5. SEX: 9. AGE iast birthdes 6. COLOR OR SINGLE, MARRIED. 8. DATE OF BIRTH RACE: WIDOWED, DIVORCED of Days Months Hours (Specify): widowed March yrs. every causes IOA. USUAL OCCUPATION (Give kind of KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF 10B. work done during most of working life. OR INDUSTRY: COUNTRY? even if retired): Harrington. Del. pply the 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: David Adams Sul Rebecca Bowen te 17. INFORMANT & ADDRESS IS. WAS DECEASED EVER IN U.S. ARMED FORCES! Wri IS. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates of service) se ea 18. MEDICAL CERTIFICATION C INTERVAL ž DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH a ONSET AND DEATH (A) sicians IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S: DISEASES OR CONDITIONS, IF ANY, (B) Phys ITH GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST (C) important. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT PL 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) especial 田 OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? RIT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY While Not while at work at work S R 0 1-/, 1955, to 6/6/, 19 55 that I last saw the deceased 22. I hereby certify that I attended the deceased from 6.4 PE Ø 19 55, and that death occurred at # 1. M, from the causes and on the date stated above. alive on correct SIGNATURE ADDRESS AL DATE SIGNED M. D SE BURIAL, CREMATION, DATE THEREOF OF CEMETERY OR CREMATORY (City. K G DATE REC'D LOCAL (REGISTRAR

W

REGISTRAR

RESERVED

SSGI 28 NOT

BUREAU V. S.

5937 CERTIFICATE OF DEATH Reg Dist No 2%

05946

5	- OBMITTION I	OF DESIGNATION Reg. DIS	. No
i v	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D: ,
careful	COUNTY TOOT MARYLAND	STATE Md. COUNTY BA	time of
le le	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	and give nearest town)
and	40 TOWN and give nearest town (1) this place)	TOWN THERES MIS.	03552
nforma	HOSPITAL OR INSTITUTION OR STREET ADDRESS Membrial Hospital	ADDRESS (If rural give location	
clo		Last)   4. DATE (Month)	Day) (Year)
em of i	DECEASED: (Type or Print) RODOR + A. Bue.	hange OF DEATH: 6-	13 1955
Supply every item of information carefully te the causes of death clearly and legibly.	5. SEX:   6. COLOR OR   7. SINGLE MARRIED,   8. DATE   WIDOWED DIVORCED.   Dec   1	OF BIRTH: 9. AGE last birthday IF UNDER	
causes	10A USUAL OCCUPATION (Give kind of work done during most of working life. even lf retired):	1. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
ly c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	UJA
Supply te the	James E. Buchenen	Bessie Respess	
1 (11)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRES	11
INK.	(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs audies is 13m	a Idensille
	18. MEDICAL CERTIFICATI	ON Such	INTERVAL BETWEEN
Q	Diseases or conditions directly Leading to Death	while Adares	ONSET AND DEATH
TH UNFA Physicians	IMMEDIATE CAUSE (A)	2000 41/0001	
ici.	ANTECEDENT CAUSE (\$)	as a whomis	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	7	
<b>i</b>	STATING UNDERLYING CAUSE LAST. (C)	oxyclogic	
2 2	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
D D	DISEASE OR CONDITION CAUSING DEATH.		
7	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
VRITE PI especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		(State)
>	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	
judes]	22. I hereby certify that I attended the deceased from 6/13	, 191, to 6/13 , 190 , that I las	t saw the deceased
	Walker Durs-		
SE TYPE	alive of signature , 19 , and that death occurred at		TE SIGNED
	M.		July 35
LEASE	BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, o	State)
1	DATE DECID BY LOCAL DECISTDARYS SIGNATURE	SA CUNERAL DIRECTOR	ANDRESS

VS. A15.

MARGIN RESERVED FOR BINDING

DECEDAED

BUREAU V. E.



White Administration, and the professional

60
20
1
10
10
A1
i
>

a	MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18 05948
y. The	5939 CERTIFICATI	
carefully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
egi	COUNTY / all MARYLAND	STATE MARYLAN COUNTY Caroline
d	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITYIIf outside corporate limits, write RURAL and give nearest town)
tior an	40 TOWN EASIM 16 days	TOWN Perlor 05X-2
information clearly and	80 STREET ADDRESS Menerial Ara	STREET ADDRESS R F D ## /
of i	3. NAME OF (First) (Middle) DECEASED: (Type or Print)  ARTICS  D	CLAR LE   4. DATE (Month) (Day) (Year) OF DEATH: 6 2/ 1955
ite	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE MIDOWED, DIVORCED. Whole (Specify) Davied Feb.	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Daya Hours Min.
causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired):	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
pply the c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Supply te the c	Cly In clarke	Celente Reigel
. 'E	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
A-m	(Yes, no, or ank.) IIf Yes, give war or dates of service)	Min Colasta Clark
	18. MEDICAL CERTIFICAT	ION INTERVAL BETWEEN
I	59 MMEDIATE CAUSE  (A)  DUE TO	Kaleinia ONSET AND DEATH
0.1	DISEASES OR CONDITIONS, IF ANY,	ephyone nephyosis
<b>1</b>	STATING UNDERLYING CAUSE LAST. DUE TO	renal syndrome
)-i	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ico. Parant a talor careto Xe.
NI	DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	icc, Mecent Charey cysteriary
4	2	YES NO
WRITE PL especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?
> 10	OF INJURY  OF INJURY  OF INJURY  OR (Day) (Year) (Hour)   21E INJURY OCCURRED While at work at work	21F. HOW DID INJURY OCCUR?
E OR	No YKLA KANDANIA	, 1965, to 6/3/, 199, that I last saw the deceased
E TYPE	61 GTA TO HE	M, from the causes and on the date stated above.  ADDRESS  D. C.
PLEASE	REMOVAL (SPECIFY) Jule 24, 1955 Jel	ERY OR CREMATORY   LOCATION (City, town, or county) (State)
PJ	REGISTRAD 2-55	Jegel hombon, Dela, led,



The

carefully. legibly.

information

item

and

clearly

death

of

causes

te

Wri

Se ea

d

sicians

important.

IS.

ಥ

orrect

NOWN

3. NAME OF

SEX:

ARGIN RESERVED

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S' DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from 5/30 alive on . SIGNATURE 28 BURIAL CREMATION. DATE THEREOF LOCATION (City, town, or county) (State) REMOVAL (SPECIFY DATE REC'D BY LOCAL FUNERAL DIRECTOR REGISTRAR

BUREAU V. 2

SOCI AS NOT

BECEINED

1. PLACE OF DEAT COUNTY	Talbot	MARYLAND	2. USUAL RESIDENCE STATE Maryland	(HOME) OF DECE	COUNT	Y Talbot	
	corporate limits, write RURA		CITY (If outside corp	orate limits, write RI	JRAL and gi	ve nearest to	own)
OR give neares	t town) Easton	(in Chia alage)	TOWN Tilghm	an	3.5		×
HOSPITAL OR INSTITUTION OF STREET ADDRI	R ESS		STREET ADDRESS	(If rural, giv	ve location)		1
3. NAME OF DECEASED (Type or Print)	(First) Alice		(Last) Cummings	4. DATE OF DEATH	(Month)	(Day)	(Year) 19 55
5. SEX Female	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WICOWED	1-1 1874		rs. Months	Days Ho	urs Min.
dene during most of HOUSEWIIE	PATION (Give kind of work working life, even if retired)	10b. Kind of Business on Industry nome	Tilghman, 14. MOTHER'S MAIDE	Maryland	l u	Country?	OF WHAT
	H. Sinclair		Sarah Covin	gton			
15. WAS DECEASED I	EVER IN U.S. ARMED FORCES!	16. SOCIAL SECURITY No.	17. INFORMANT AN	0 1100111111111111111111111111111111111	417 Elm Balto.	6. Md.	d.
	ONDITIONS DIRECTLY:	18. MEDICAL CE LEADING TO DEATH	RTIFICATION			INTERVAL	
I. DISEASES OR C	onditions directly:  te cause (a)  ent cause(s)  conditions, if any, (b) to the above cause underlying cause last conditions (c)	18. MEDICAL CE	RTIFICATION			INTERVAL	BETWEEN ND DEATE
I. DISEASES OR CO. Immedia Antecede Diseases or giving rise stating the II. OTHER SIGNII Conditions contril related to the disease.	te cause (a)  te cause (b)  conditions, if any, (c)  to the above cause underlying cause last  (c)  FICANT CONDITIONS  outing to the death but not cause or condition causing death	LEADING TO DEATH  Carcino  Probably	RTIFICATION			INTERVAL ONSET A	ND DEATE
I. DISEASES OR CO. Immedia Antecede Diseases or giving rise stating the II. OTHER SIGNII Conditions contril related to the disease.	te cause (a)  te cause (b)  conditions, if any, (c)  to the above cause underlying cause last  (c)  FICANT CONDITIONS  outing to the death but not cause or condition causing death	18. MEDICAL CE LEADING TO DEATH  Carcino  Probably	RTIFICATION			INTERVAL ONSET A	OPSY?
I. DISEASES OR CO. Anteceded Diseases of giving rise stating the II. OTHER SIGNII Conditions contributed to the disease DATE OF OP. Co. ACCIDENT SUICIDE	te cause (a)  ent cause(s)  conditions, if any, (b)  to the above cause underlying cause last  FICANT CONDITIONS  outing to the death but not asse or condition causing deat  ERATION 19b. MAJOR F  (Specify) PLAC	18. MEDICAL CE LEADING TO DEATH  Carcinomic Control of the Control	etri ge			INTERVAL ONSET A	ND DEATE
I. DISEASES OR CO. Immedia Antecede Diseases or giving rise stating the II. OTHER SIGNII Conditions contril related to the dise 19a. DATE OF OP. 21. ACCIDENT	te cause (a)  conditions, if any, to the above cause underlying cause last (c)  FICANT CONDITIONS puting to the death but not ase or condition causing deat ERATION 19b. MAJOR F	18. MEDICAL CE LEADING TO DEATH  Carcinomic Control of the Control	etri ge	i alda	y'd.	INTERVAL ONSET A	OPSY?

BUREAU V. S.

SGGI GI NOC

BECENED

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5954

CERTIFICATE OF DEATH

Reg. Dist. No. 290.....

	5		
	ully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
	carefull legibly.	COUNTY Sachat MARYLAND	STATE MA COUNTY Julia
	leg	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
	tion	OR and rive nearest town (in this place)	TOWN Ragal Rak X
· Carrier	y a	HOSPITAL OR	STREET (If rural give location)
M	m of intormation carefully death clearly and legibly.	INSTITUTION OR STREET ADDRESS	ADDRESS
	E 5	J. HAME OI	(Last) 4. DATE (Month) (Day) (Year)
	of	DECEASED: (Type or Print) Clata Pran	uplon DEATH: June 2 1955
	ite	5. SEX: 6. COLOR OR 7. SINGLE MARRIED. 8. DATE WIDOWED, DINORCED. (Sector).	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.  9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
r.h.	causes	10A. USUAD OCCUPATION (Give kind of 10B. KIND OF BUSINESS / work doze during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
Z	6.3	explicition recrease frances to	ele mi. A. D.
BINDIN	Supply te the	13. FATHER'S NAME:	Nester Ellen Righ
	. "E	15. WAS DEGEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS:
FOR	INK se w	(Yes, no or unk.) (If Yes, give war or dates of service)	Mas Nexter Oflenham Rayallak. My
		18. MEDICAL CERTIFICAT	ION INTERVAL BETWEEN
VE	ADING s: ples	191X	1 / 01 / /
ER	AI	IMMEDIATE CAUSE (A)	had Obstandan 72 to
RESERVED	UNF	ANTECEDENT CAUSE (8)	+1-0-1-1
	6.1	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO	Lake Carcionsfor Guath
Z	WITH	STATING UNDERLYING CAUSE LAST.	- 1 - 1
MARGIN	WI of.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	en (crue) 1) hearty
M	AINLY, Wimportant.	TO THE DEATH BUT NOT RELATED TO THE	- X
	INLY	DISEASE OR CONDITION CAUSING DEATH.	N AUTODOVA
-	1	11.1-1 1 2.100	20. AUTOPSY?
1	PL F	214 ACCIDENT WAS UNDERLYING   218. PLACE (Home, farm, fact	a comme of county
	VRITE Pespeciall	OR CONTRIBUTING CAUSE OF DEATH OF MJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR
	>	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	2   21F. HOW DID INJURY OCCUR?
	OR e is	22. I hereby sertify that I attended the deceased from	1945, to 2, 19.5.5, that I last saw the deceased
53	PE 88	alive on land, 19 55, and that death occurred at	/2 / M, from the causes and on the date stated above.
10 -	Prof.	SIGNATORE 1. U- La Pener M	DATE SIGNED - 6/2/53
15 -	LEASE	28. BURIAL CREMATION, DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, town, or pounty) (State)
Š.	PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
>		6-3-55 / H! / when	The same of the



5942			Dist. No. 290
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DEC	EASED:
COUNTY Talbot	MARYLAND	STATE Md. COUNTY	Talbot
CITY (If outside corporate limits, write OR and give nearest town)	(in this place)	OR TOWN	RAL and give nearest town
HOSPITAL OR	50 yrs.	STREET (If rural give los	cation)
INSTITUTION OR STREET ADDRESS		ADDRESS	
3. NAME OF (First) DECEASED:	(Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Laura			ne 15 1955
RACE: WIDO	WED, DIVORCED.	E OF BIRTH: 9. AGE last birthday Mont	
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	'Widowed   Jan  OB. KIND OF BUSINESS OR INDUSTRY: housewife	. 20, 1863   92 yrs.     11. BIRTHPLACE (State or foreign country):   Maryland.	COUNTRY?
3. FATHER'S NAME:	11000011220	14. MOTHER'S MAIDEN NAME:	0.0.
Louis Maganakin		Elizabeth Whitby	
LOUIS MCCANCKIA  S. WAS DECEASED EVER IN U.S. ARMEO FORCES	1 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no. or unk.) (If Yes, give war or dates of service)		Mrs. Evelyn Stevens	
1	18. MEDICAL CERTIFICA	ATION	INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTL	Y LEADING TO DEATH		ONSET AND DEAT
IMMEDIATE CAUSE	(A) Car	cinoma of rest	1 us?
ANTECEDENT CAUSE (8)	DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B)		
	(C)		
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING	OTHE		
	R FINDINGS OF OPERATI	ON	20. AUTOPSY?
9			YES NO
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	218. PLACE (Home, farm, factor) OF INJURY street, office blds	actory, 21c. WHERE DID (City or town)	(County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work	ED   21F. HOW DID INJURY OCCUR?	
		y , 1955, to 6 / 15:/, 1955, that	
alive on	nd that death occurred a	M, from the causes and on the	date stated above.  DATE SIGNED
23. BURIAL, CREMATION, DATE THER	EOF   NAME OF CEME	TERY OR CREMATORY   LOCATION (City, to	wn, or county) (State
REMOVAL (SPECIFY)		ll Cemetery Easton, Talbo	
UHITAL	S'S HENATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR/6-55	A. noires	24 4 4 4 4	Easton, Md.

05952

MARGIN RESERVED FOR BINDING



SSET 88 NOT SET SEED ALL

#### MARYLAND STATE DEPARTMENT OF HEALTH

5955

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH-		2. USUAL RESIDENCE (H	IOME) OF DECEASED.	nv .
Valloc	MARYLAND	MARVL	4 N D	TALRAT
CITY (If outside corporate limits, write RUR. OR give nearest town)	AL and LENGTH OF STAY (in this place)	OR CITY (If outside corpora	te limits, write RURAL and g	ive nearest town)
X TOWN Schonner	V Sill time		HUAN	X
HOSPITAL OR INSTITUTION OR		STREET	(If rural, give location)	8
STREET ADDRESS		ADDRESS		E
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) IRENE	/3	11	OF _	41
5. SEX   6. COLOR OR RACE	7. SINGLE, MARRIED.	18. DATE OF BIRTH	9. AGE last birthday   If under	Z 1955
F .	WIDOWED, DIVORCED,		Months	Days Hours   Min.
10a. USUAL OCCUPATION (Give kind of work)	(Specify) WE DOWED	906.27, 1869	8 3 угв. I	
done during most of working life, even if retired)	INDIISTRY . //	II. BIRTHPLACE (State of	floreign country)	2. CITIZEN OF WHAT
HOUSEWIFE	at Home	MARYLAND	)	Zl, S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
WILLIAM JOSHUA HI	4 R R I S O N	SALLY AN	N MASUN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of	1	H NFORMANT AND	ADDRESS	210 1
service)	" none	Julah (	Hamplen	n elyhman
	18. MEDICAL CE	RTIFICATION	7,000	1 md
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
33/X	2001/2-1/	W/ Dans	ste of	ONBERT AND DEATH
Immediate cause (a)	Just Car	1000000	The state of the s	Margas
	1 / 1 /	Va	- 112 - 1	and the same of th
Antecedent cause(s)	NISSETUSION	a anderia	SUL TORES	
Diseases or conditions, if any, (b)	NO WOOD	1		
stating the underlying cause last	11 aly M	LILLA'		
(c)	1			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not				
related to the disease or condition causing deat				
19a. DATE OF OPERATION 19b. MAJOR F	FINDINGS OF OPERATION			20. AUTOPSY?
0				Yes П No П
	CE (Home, farm, factory, street,	(CITY OR T	OWN) (COUNTY	
SUICIDE OF INJU	office bldg., etc.)			
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCC	CUR?	
OF INJURY m.	While at Not While Work At work	Λ		
		311	- 1/2	
22. I hereby certify that I attended the	deceased from	19/5 to 12ml		saw the deceased
mines LT. 65		7/10/1/		
	d that death occurred at,		causes and on the date s	
SIGNATURE	(Degree or title)	ADDRESS	17 11 - K	DATE SIGNED
2/10/00/10	TREES IS	//1	annas	10/1/2
23. BURIAL CREMATION   DATE THERE	F I NAME OF CEMETE	RY OR CREMATORY   L	OCATION (City, town, or cour	nty) (State)
REMOVAL (Specify) Tring 4.	1955 Tilghma	0 0	Til Olived Dead	(Suite)
DATE REC'D BY LOCAL REGISTRAR'S		24 FUNERAL DIRECTOR	one grown are,	4 4 0 0 0 0 0 0
REG.	OID Noth	1262 184	2/11/200	ADDRESS
19me 4, 20 mo 1)	my N. per	J. Trung wate	yarran &	1 michaely
				mo
				1,00

PLEASE WRITE PLAINLY, WHITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

BUREAU V. S.

SSGI 4 NAI

DECENED

VS. A15A

## 5943 MARYLAND STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

05954

Reg. Dist. No. 290

COUNTY (	STATE STATE	1 11	COUNTY		7
A DE MARYLAND	NIARE	1-1-1		Thues	sel
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	OR CITY (If outside corpora			a nearest town	a)
HOSPITAL OR	TOWN	CC53	muce	_//X-	2
80 STREET ADDRESS MEURO FIA	ADDRESS	(If rural, gi	ve location)		1
3. NAME OF (First) (Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print) Soseph	Huyupan	OF DEATH	6	26	1957
6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 3-6-1889	9. AGE last birth	day If under Months	Days   If und Houn	er 24 hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	THE BIRTHPLACE (State of	foreign country)		CITIZEN OF	WHAT
13. FATHER'S NAME	14. MOTHER'S MALDEN	NAME	Par	A	-
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) service) 16. Social Security No.	W. INFORMANT	02,00	14.10	0,	
18. MEDICAL CE	RTIFICATION	Caron	Carry		
1. DISEASES OR CONDITIONS DIRECTLY EADING TO DEATH	1 -0		0	INTERVAL B ONSET AND	
Immediate cause (a) Invacture n	hull	01177 078:70: Na 00 0	nd i ha kinga nadbaa		
Antecedent cause(s) Diseases or conditions, if any, (b) unto would	5		188* 0 ~0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
giving rise to the above cause stating the underlying cause last					7
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION				20. AUTOF	SY?
				Yes 🗆	No TX
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH	no Trify	ne 7	(COUNTY)	+ The	
TIME (Month) (Day) (Year) (Hoe) INJURY OCCURRED OF While at Not while INJURY C TO STORM Work I at work	HOW DID/INJURY OCC	tru	ket	Liter	t
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	Autopsy [], Inspection	Inquiry [] t	hereon and	from the evi	dence
from: natural causes $\square$ , accident $\bowtie$ suicide $\square$ , homicide $\square$ , SIGNATURE		i nove, and de	ain in my	DATE SI	
Lowin Med M.D Dong	Enton	ml		627	वा
23. BERIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY	CATION (City,		y) (S	tate)
BATE REC'D BY LOCAL AEGISTRAR'S SQUATURE	21. FUNERAL DIRECTO	Down	2019	ADDRESS	-
- 0-01-01 - 11-11-11-11-11-11-11-11-11-11-11-11-		()	11 0		-

BUREAU V. S.

5361 08 NOT

MEDICAL EXAMINER'S CER	TIFICATE OF I	DEATH No. 250
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF	DECEASED:
COUNTY Talbot MARYLAND	STATE - COUN	TY TA DO
OR and give nearest town)  CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in) place)	OR	write RURAL and give nearest town)
X TOWN Trappe VUVUI	TOWN	MILLACIPHIA
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS CIF ru	ral, give location)
3. NAME OF (First) (Middle)	(Last) 4. DATE OF	(Month) (Day) (Year)
(Type or Print) Sarah	bbayd DEATH	6 24 1935
RACE: WIDOWED, DIVORCED,	E OF BIRTH: 9. AGE last birt	hday:   IF UNDER I YEAR   IF UNDER 24 HR8   Months   Days   Hours   Min.
temale Col. (Specify): Married 2/	R   II. BIRTHPLACE (State or fore	yrs.
work done during most of work life, even if retired): Minister	Mary land	COUNTRY
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0
15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16 SOCIAL SECURETY NO.	maygie a.	niles
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT)& ADDRESS:	
	Dearge Quelon 1	lemport news Va
18. MEDIC 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION	INTERVAL BETWEEN
816X Luniting	house pract ste	ONSET AND DEATH
Immediate cause (a) DUE TO	7 4000	
Antecedent cause(s)	der t	
Diseases or conditions, if any, (b) DUE TO		
stating underlying cause last (c)		
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
		Yes No
PRIMARY Or CONTRIBUTING OF street, diffice bldg. etc.	hr Mappe	County (State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while at work □	Plas in Car U	which structures
22. I hereby certify that I took charge of the remains descri		
find that death resulted from: Natural causes [], Acci	dent [], Suicide [], Homicide CHIEF MEDICAL EX	
Land Mattino Dms	M. D. ASSISTANT MEDICAL F	EXAMINER   / )
		(City, town, or county) (State)
REMOVAL (Specify): 6/27/53 MX Lon	er Pan. Phila	delister Fa.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE .	24. FUNERAL DIRECTOR	ADDRESS ADDRESS
6-27-55 / A. Merres	James Blox	well, Castin, m

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

SSSI OS NOT

UNFADING INK.

PLEASE TYPE OR WRITE PLAINLY,

Supply every item of information carefully. The

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05956

~ A .				
944	CERTIFICATE	OF	DEA	VIII:

Reg. Dist. No. 290 ....

7	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
i.	-T-11	m/ 11.7			
legibly	COUNTY JOURN MARYLAND	STATE //d' COUNTY allo			
	CITY (If outside corporate limits, write RURAL LENGTH OF STA				
and	OR and give nearest town) (in this place)	OR TOWN			
व्य	Callon 35 yes.	caucon,			
>	HOSPITAL OR Haverson St & Dowers	STREET (If rural give location)			
14	INSTITUTION OR STREET ADDRESS 1 Journ Pen	ADDRESS //			
clearly	sineer Address lidewater Jim.	Harrison + Dover Streets			
	3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)			
th.	DECEASED: 7/ 10.	OF O			
death	(Type or Print) Valle 14.	ikeson DEATH: June 6 1955			
	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   6/ DAT	E OF BIRTH: 9. AGE iast birthday IF UNDER 1 YEAR IF UNDER 24 HRS.			
of	RACE: WIDOWED, DIVORCED, (Specify):	Months   Days   Hours   Min.			
	female Wille Midowed tul	u 21, 1874 80 yrs. 10 16			
causes	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12. CITIZEN OF WHAT			
2	work done during most of working life, OR INDUSTRAT:	O COUNTRY?			
2	even if retired : Retired Housewife	Musago Ill. 71.5.4.			
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
4	0.100.1	77 6			
9	Lot 1. Smith	Hora E.			
write	15, WAS DECEASED EVER IN U.S. ARMED FORCEST   18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:			
*	(Yes, no, or unk.) (If Yes, give war or dates	The posine of the			
9	11 no of service) - Hone	1. Aughlett Henry Ir Gaston 1/14			
eas	18. MEDICAL CERTIFIC	ATION INTERVAL BETWEEN			
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH			
2	1	ONSE! AND DEATH			
**	1420,0 Conteres	seleste Heart Dellew 34000-			
ns.	IMMEDIATE CAUSE  (A) (A) (DUE TO	The state of the s			
Physicians	scleratic Nearl Deans 3 years				
Sic	DISEASES OR CONDITIONS, IF ANY, (B) THENERA	luce arterio pelerono I ola-			
3	GIVING RISE TO THE ABOVE CAUSE DUE TO				
Ы	STATING UNDERLYING CAUSE LAST.				
.:	(C)				
important	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
13	TO THE DEATH BUT NOT RELATED TO THE				
OL	DISEASE OR CONDITION CAUSING DEATH.				
J.D	19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATI	ON CONTRACTOR OF THE PROPERTY			
Æ,	mano - me	20. AUTOPSY1			
5	No 100	YES NO P			
pecially	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, f	actory. 21c. WHERE DID (City or town) (County) (State)			
-00	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bld	K., etc. INJURY OCCUR?			
e e	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
S	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURR	ED   21F. HOW DID INJURY OCCUR?			
	OF INJURY While at work at work				
50					
a	22. I hereby certify that I attended the deceased from 1-	20, 1954, to 6 - 6, 1953, that I last saw the deceased			
80					
60	alive on 6 , 1957, and that death occurred a	at 3.30 C. M, from the causes and on the date stated above.			
ct	SIGNATURE	ADDRESS. / DATE SIGNED			
Te	Milliam K. Millian.	M. D. Zaston Maryland 6-7-55			
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, of					
	Busis June 7 55 Call June	Cemetery Chicago Ill.			
	1 Charles A Contraction	The state of the s			
	DATE REC'D BY LOCAL PREGISTRANG SIGNATURE	FUNERAL DIRECTOR ADDRESS			

BECENED

SSGE OT NOT

BUREAU V. S.

THE TRANSPORT OF STREET OF STREET, STR

FOR THE THE PERSON REPORTED TO THE PERSON WITH THE

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5945 CERTIFICATE OF DEATH

eg. Dist. No. 290

	CENTIFICATE OF DEATH Reg. Dist. No. 270					
ly.	1. PLACE OF DEATH:   2.	. USUAL RESIDENCE (HOME) OF DECEASED	):			
death clearly and legibly	COUNTY /A/bo/ MARYLAND	STATE MARYAM COUNTY COL	Pe			
le	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	nd give nearest town)			
nd	OR and give nearest town) (in this place)	OR TOWN	05V 2			
>	HOSPITAL OR	STREET (If rural give location)	001-90			
arl	80 STREET ADDRESS MEMORIAL HOS.	ADDRESS				
cle	3. NAME OF (First) (Middle) (Las	st) _   4, DATE (Month) (I	Day) (Year)			
th	DECEASED:	OF /	1 ~			
dea	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE OF	BIRTH: 9. AGE last birthday if under it	EAR IF UNDER 24 HRG.			
Jo	RACE: WIDOWED, DIVORCED,	15 = 1 Months D	ays Hours   Min.			
	THE THE PERSON OF THE PERSON O	BIRTHPLACE (State or foreign country):  12.	CITITEN OF WAY			
causes	work done during most of working life. OR INDUSTRY:	Direct (blace of foreign country): 12.	COUNTRY?			
	THEME KI James	- POIAN	( V			
the	13. FATHER'S NAME:	4. MOTHER'S MAIDEN NAME:				
	Joseph RARPENSKI VII	THES ISACPUISA				
write	15. Was Decades Ever in U.S. Armin Forces: 16. Social Security No. 1. (Yes, no, or unk.) (If Yes, give war or dates	7. NFORMANT & ADDRESS:	1			
	Ignes Koskenske i	ville				
please	18. MEDICAL CERTIFICATION	1 Seekstron m	INTERVAL BETWEEN			
р	T DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
°°	IMMEDIATE CAUSE (A)	Courtain Person	4			
Physicians	ANTECEDENT CAUSE (S)	. / / / / - 4				
sic	re follows wellie					
hy	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO					
	(C)					
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
ort	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
mp	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
			YES NO			
ally	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.	21c. WHERE DID (City or town) (Count	y) (State)			
ecis	(0.000)					
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21C. WHERE DID (City or town) (County of CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?  21B. PLACE (Home, farm, factory. 21C. WHERE DID (City or town) (County of County of						
is	M. at work at work					
22. I hereby certify that lattended the deceased from 191, to 6 // , 191, that I last						
ct	alive on		stated above. E SIGNED			
correct	NICHTELSON M.D.	(h - t-	200-1955			
COJ	23. BURNAL, CREMATION, DATE THEREOF   NAME OF CEMETERY		county) (State)			
	REMOVAL (SOTCIFY) Are 4 19537 John (	non lear Date	land			

FUNERAL DIRECTOR

VS. A15 - 10 - 53

MARGIN RESERVED FOR BINDING

UNFADING INK.

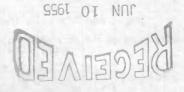
OR WRITE PLAINLY, WITH

TYPE

PLEASE

DATE REC'D BY LOCAL REGISTRAR 6-2-55

Supply every item of information carefully. The



BUREAU V. S.

SSET A EUR

BUREAU V. S.

# VS. A15 — 10 - 53

	M .	TO OF HEALTH—BALTIMORE, 195959			
	5947 CERTIFICATI	E OF DEATH Reg. Dist. No. 290			
legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
ath clearly and legibly.	COUNTY (If outside corporate limits, write RURAL OR and give nearest town)  LENGTH OF STAY (in this place)	CITY(If outside corporate limita, write RURAL and give nearest town) OR TOWN  Aicheste			
	HOSPITAL OR INSTITUTION OR STREET ADDRESS Tacker Memorial Hospital	STREET (If rural give location) ADDRESS			
h c	3. NAME OF (First) (Middle)  DECEASED:	(Last) 4. DATE (Month) (Day) (Year)			
every nem	(Type or Print) William Thomas of	CEAUM DEATH: VANC 03 1955			
	S. SEX: 6. COLOR OR 7. SINGLE MARRIED 8. DATE WIDOWED, DIVORCED. (Specify): 6. COLOR OR 7. SINGLE MARRIED 8. DATE WIDOWED, DIVORCED. (Specify):	7, 1875 79 yrs. Months Days Hours Min.			
	10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired):	Maylark (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?			
te the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
ره ر	Joseph D. Ledrum	Mary Jones			
. 'E	15. WAS DECEASED EVER IN U.S. ARMED FORCES: 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:			
Physicians: please w	18. MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH  4 43	al Hemonhage 23 days			
Phy	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	who we can also voters of			
e 65	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	vion, Exential			
1	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	20. AUTOPSY7 YES NO			
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	etcry. 21c. WHERE DID (City or town) (County) (State)			
10	OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work				
9	22. I hereby certify that I attended the deceased from 1953 to 6 - 23, 1955 that I last saw the deceased alive on 6 - 23, 1955 that I last saw the deceased alive on 6 - 23, 1955 that I last saw the deceased alive on 6 - 23 , 1955 that I last saw the deceased alive of 6 - 23 , 1955 that I last saw the deceased alive of 6 - 23 , 1955 that I last saw the deceased alive of 6 - 23 , 1955 that I last saw the deceased alive of 6 - 23 , 1955 that I last saw the deceased alive of 6 - 23 , 1955 that I last saw the deceased alive of 6 - 23 , 1955 that I last saw the deceased alive of 6 - 23 , 1955 that I last saw the deceased alive of 6 - 23 , 1955 that I last saw the deceased alive of 6 - 23 , 1955 that I last saw the deceased alive of 6 - 23 , 1955 that I last saw the deceased alive of 6 - 23 , 1955 that I last saw the deceased alive of 6 - 23 , 1955 that I last saw the deceased alive of 6 - 23 , 1955 that I last saw the deceased alive of 6 - 23 , 1				
orrect ag	SIGNATURE  M. D. H. William Color of the date stated above.  M. D. H. William Color of the date stated above.  M. D. H. William Color of the date stated above.				
		ERY OR CREMATORY LOCATION (City, town, or county) (State)			
	DATE REC'D BY LOCAL RECISTRARY SIGNATURE TO THE REGISTRARY SIGNATURE TO THE RECISTRARY SIGNATURE SIGNARY SIGNATURE SIGNARY SIGNARY SIGNATURE SIGNARY SIGNARY SIGNARY SIGNARY SIGNARY SIGNARY SIGNARY S	8 Hambleton Harrison H. Michaele M.			



BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

S

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05960 Seg. Dist. No. 2960

oly.	1. PLACE OF OEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
and legibly	COUNTY /ASBOT MARYLANO	STATE MO COUNTY TARBUT
le	CITY (If outside corporate limits, write RURAL  LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL and give nearest town)
pu	OR and give nearest town) (in this place)	OR
8	HOTOWN EASTON	E 43/01X
J.	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
ear	SOSTREET ADDRESS KASTON MEMORIAL HOSP.	Koute #4
clearly		(Last)   4. DATE (Month) (Day) (Year)
death	DECEASED:	OF 1
lea	Type or Print) HARRISON KA	
of c	The state of the s	OF BIRTH: 9. AGB last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours   Min.
	m COLORED (Specify): married about	30, 1888 OF yrs.
causes	10A. USUAL OCCUPATION (Give kind of 10B. KINO OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
an	work done during most of working life. OR INDUSTRY:	Tuel. U.Sq.
e c	13. FATHER'S NAME!	14. MOTHER'S MAIDEN NAME:
the		2
te	Jacob Kalkes	
write	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17 INFORMANT & AOORESS
	(Yes. no. or unk.) (If Yes, give war or dates of service)	TUNONER Klikes Who
please	18. MEDICAL CERTIFICAT	ION INTERVAL BETWEEN
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
X	33/X (1-1-	an id by maker a
33	IMMEDIATE CAUSE (A)	comment persons
Physicians	ANTECEDENT CAUSE (S)	
sic	DISEASES OR CONDITIONS, IF ANY. (B)	
hy	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	
	(C)	
ınt	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
rts	TO THE DEATH BUT NOT RELATED TO THE	
bo	OISEASE OR CONDITION CAUSING DEATH	
important.	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPS 17
		YES NO
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	ory. 21c. WHERE DID (City or town) (County) (State)
eci	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR?
sp	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
7.7	OF INJURY While While at work at work	
13.		
88	22. I hereby certify that I attended the deceased from U.J.	, 1945, to 6/3/, 1941, that I last saw the deceased
cd	aline of 1997, and that death occurred at	M, from the causes and on the date stated above.
ct	SIGNATURE	ADDRESS DATE SIGNED
correct	Work of M	o Caplon de gune 1955
00	23. BURIAL, CREMATION, OATE THEREOF   NAME OF CEMETE	ERY OR CREMATORY   LOCATION (City, town, or county) (State)
	REMOVAL (SPECIFY) 6/91/13	2000
	Burial 6/24/53 Inflow	
	DATE REC'O BY LOCAL ASSISTMAN A CIGNATURE	24 FUNERAL DIRECTOR
	6/92/53 // 74. //00/01/01	names starkell (20-1 in h.



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18 5957

CERTIFICATE OF DEATH Reg. Dist. No. 290 legibly. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH Talbot STATE Maryland COUNTY Talbot COUNTY MARYLAND CITY (If outside corporate limits, write RURAL, LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and and give nearest town) (in this place) OR TOWN TOWN Life Trappe clearly HOSPITAL OR STREET (If rural give location) INSTITUTION OR **ADDRESS** STREET ADDRESS (Middle) (First) (Last) DATE (Month) (Day) 3. NAME OF (Year) DECEASED: OF 1955 SARAH B. SCOTT 10 (Type or Print) DEATH: June SINGLE. MARRIED. 8. DATE OF BIRTH: 9. AGE iast birthday IF UNDER I YEAR COLOR OR | 7. IF UNDER 24 HRS. WIDOWED, DIVORCED, RACE: Months Days Hours | (Specify) Wi Female | Negro | (Sive kind of) 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life, OR INDUSTRY: COUNTRY? even if retired): Housewife Trappe, Tal. Co., Md USA Home the 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Josephine Young 17. INFORMANT & ADDRESS 18. WAS DECEASED EVER IN U.S. ARMED FORCES? IS. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates Trappe, Maryland of service) Ada Brummell plea 18. MEDICAL CERTIFICATION INTERVAL BETWEEN DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Physicians IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE STATING UNDERLYING CAUSE LAST. (C) important. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION: AUTOPSY? YES [ NO N especially 21s. PLACE (Home, farm, factory. 21A. ACCIDENT WAS UNDERLYING 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not while While OF "INJURY at work 22. I hereby certify that I attended the deceased from V. % to . ... 1922, that I last saw the deceased and that death occurred at .3 / M, from the causes and on the date stated above. alive on ..... SIGNATURE 23. BURIAL. CREMATION. THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (SPECIFY) Maryland 955 Trappe Cemetery Trappe. Buria

24. FUNERAL DIRECTOR

Herbert M.St. Clair, Jr., Cambridge, Md.

A15 S The

carefully.

information

item

every

Supply

INK.

ADING

WITH

AINLY,

PL

WRITE

OR

区

TYPI

SE

K

DATE REC'D BY, LOCAL

REGUSTOAR

FOR BINDING

RESERVED

MARGIN

# DECEINED

The

orn	100
E	10
of	440
item	1 4
every	
Supply	A. Alba
INK.	
DING	1
UNFA	Discontinue of the contract of death alone
WITH	TOL T
AINLY, WITH UNFADING INK. Supply every item of inform	
4	

MARGIN RESERVE

/. Ine	5949 CERTIFICATE OF DEATH Reg. Dis	t. No. 290
or information carefully ath clearly and legibly.	1. PLACE OF DEATH:   2. USUAL RESIDENCE (HOME) OF DECEASE	D:
	COUNTY Talbot MARYLAND STATE Md. COUNTY CAN	aline
	CITY (If outside corporate limits, write RURAL OR and give nearest town)  LENGTH OF STAY (in this place)  OR TOWN  LASTON  CITY(If outside corporate limits, write RURAL OR TOWN  TOWN  LEASTON  LENGTH OF STAY (in this place)  OR TOWN  TOWN  LEASTON  TOWN  TOW	and give nearest town)
	HOSPITAL OR STREET ADDRESS Memorial ADDRESS (If rural give location ADDRESS)	) USX-R
th cl	proriorn.	(Day) (Year)
em of i	(Type of Philms Fred Washington DEATH: 6  5. SEX: 6. CODOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE iast birthday in under the months of the second description of the	
every item auses of dea	Months  (Specify):  Oune 15, 1877  7/ yrs. Months  10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 112	Days Hours Min.
r every	even if retired): after fare manyland	COUNTRY
K. Supply write the c	FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	
M.i.	15 WAS DECEASED EVER IN U.S. ARMED FORCES (18. SOCIAL SECURITY ND. 17. INFORMANT & ADDRESS:	Padecalsky
	18. MEDICAL CERTIFICATION  18. MEDICAL CERTIFICATION	- Trud 9
D le	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
ā	44 de X Cardise hypertrephy & failler	
UNF	ANTECEDENT CAUSE (S) DUE TO	
with UNFA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	
-		
- 2	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
AINLY	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4		YES NO
TE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (Cou INJURY OCCUR?)	nty) (State)
200	OF INJURY  OF INJURY  OF INJURY  OF INJURY  OF INJURY  OF INJURY  OCCURRED  White Not white at work at work  M.	
TYPE OR rect age is	22. I hereby certify that I attended the deceased from 6/4 , 1955, to 6/10, 1955, that I las	
ect a	alive on the causes and on the date signature at 73 A M, from the causes and on the date	stated above.
SE TYI	M. D.  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY   LOCATION (City, town)	or county) (State)
LEAS	Bure 6/13/55 Federal till Federals	hera med
PI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  REGISTRAR  14.7 random Son Fodera	appress mel
		1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05962

BECENAED

SEGI IS NUL

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5958 CERTIFICATE OF DEATH

Reg. Dist. No. 290

I. PLACE OF DEATH:	2. USUAL RESIDE	NCE (HOME) OF DEC	CEASED:	
COUNTY Talbot MARYLAND	STATE Mary	rland	COUNTY	Dorohosto
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outsid	rland le corporate limits, writ	e RURAL and	give nearest town
OR and give nearest town) (in this place) TOWN	TOWN Vier	ana		09x-2
HOSPITAL OR	STREET		give location)	
INSTITUTION OR STREET ADDRESS P.O.	ADDRESS			1
P.U.	P.(	)•		V
3. NAME OF DECEASED: CARCIE CREOLA	(Last)	4. DATE (Mont	th) (Day)	(Year)
(Type or Print) GARCIE CREOLA	WILLEY	DEATH: - UN		19 5. 5
	OF BIRTH:	9. AGE last birthday:		
(Specify):	-1875	70 yrs.	Months Days	Hours   Min.
Female White Married 10-5	R I II. BIRTHPLACE	(State or foreign cour	ntry):  12. CIT	IZEN OF WHAT
work done during most of working life INDUSTRY:		(2000)	CO	UNTRY?
even if retired): Housewife Own Home	Maryland		U	.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAI	DEN NAME:		
Manning Lewis	Not Known			
15 WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No.:   17.		DRESS:		
(Yes, no, or unk.) (If Yes, give war or dates of service)	A - 43 C	0.0	27 2 2	
no I none I M		pear: Oxford,	Maryland	
18. MEDICAL CERTIFICATI				Interval Betwee
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause (a) CONGESTIVE	11500	500005		Onset And Deat
45tol CONGESTIVE	- HEARI	FAILURE		YEARS
Immediate cause  (a)				
Antecedent causes (s)				
Diseases or conditions, If any, giving rise to the above cause (b)				
stating the underlying cause last. DUE TO				
(c)				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	INAL OB	STRUCTION	1	17 HIRS
related to the disease or condition causing death.				
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY
				Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street SUICIDE OF office bldg., etc.)	(CITY OR TOW	N) (COUN'	TY) (STA	TE)
HOMICIDE INJURY				
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED	HOW DID INJUR	Y OCCUR?		
OF INJURY  While at Not While Work □  At Work □				
22. I hereby certify that I attended the deceased from 6 7- 1955, to 5.7- , 1955, that I last saw the				w the deceased
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While Mork   Not While At Work   HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from 4.7-,19.55, to 5.7-, 19.55, that I last saw the deceased alive on 6.7-, 19.55, and that death occurred at 7.45 P.M., from the causes and on the date stated above.			. 1 1	
signature (Degree or title)	/. YS from	n the causes and on	the date sta	ated above.
and a de la lacate and a	AU	md md	DA.	7.55
Sold of the sold o	RY OR CREMATORY	LOCATION (City,	town or count	(State)
REMOVAL (Specify)				(State)
Burial 6-9-1955 Vienna Ceme	tery 24. FUNERAL DIRE	Vienna, l	Maryland_	ADDRESS
DECUCTOAD /	LeCompte	uneral Service		WAS LEDGE
6/4/53 / M. Merrey	200000000	COLUMN TOUR VIEW		

PLEASE WRITE PLAINLY, WITH

UNFADING INK. Supply every item of information carefully. The correct

MARGIN RESERVED FOR BINDING

DECENTED SEE

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

### 5950 Item 8, Filmg185 8-17-55 et MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 290

ct	MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	Reg. Dist.
correc	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 290
Je	1. PLACE OF DEATH: COUNTY TALBOT MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED:	5+
	CITY (If outside corporate limits, write RURAL OR and give nearest rown) ASTON (in this place) 1 - AlugS	OR OR TOWN // OR // // S	give nearest town)
information carefully eath clearly and legil	HOSPITAL OR INSTITUTION OR NEMOVIAL HOS SITUL	STREET / (If rural, give location)	1
mation	3. NAME OF DECEASED: (Type or Print) DAVID B.F.	(Last) OF DEATH SUNCE 17	19.55
	RACE: WIBOWED, BUTTUELD, Que	915.	nys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	Talbot (State or foreign country): 12.	COUNTRY?
ery	Charles Henry Molcott	14. MOTHER'S MAIDEN, NAME: Fagley	
Supply every	15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.: (Yes, no, or unk.) (If Yes, give war or dates of service)	LILIEN ROE Wolcott K	GeMilsha
g-E	18. MEDIC	AL CERTIFICATION	
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
INK.	332X Enceschalon	idslerois	OHOSE AND DOREM
INK	Immediate cause (a)		
5 24	DUE TO		
Z	Antecedent cause(s)  Discovery or conditions if any (b)	Wylerous	
ADING cians:	Diseases or conditions, if any, (b) giving rise to the above cause DUE TO		
A.	stating underlying cause last		
UNFADING Physicians:	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		j
田岩	DISEASE OR CONDITION CAUSING DEATH.		1
LY, WITH important.	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	(945P)	20. AUTOPSY? Yes No
	21a. EXTERNAL CAUSE WAS PRIMARY  or CONTRIBUTING  CAUSE OF DEATH.    21b. PLACE (Home, farm, factory OF street, office bldg., etc INJURY)		(State)
	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work \[ \begin{array}{c ccccccccccccccccccccccccccccccccccc	21f. HOW DID INJURY OCCUR?	
	22. I hereby certify that I took charge of the remains descri		
E es	C 1 41 -4 3 -43 14 3 6 37-4 1 A	dent I Suicide I Homifide I Undeter	mined cause .
	find that death resulted from: Natural causes [], Acci	delic [], balcide [], Hollifelde [], Chacter	
is is	signature	CHIEF MEDICAL EXAMINER	DATE SIGNED
WRI's			
WI	SIGNATURE  LOW North MO.  23. BURIAL, CREMATION, PATE THEREOF NAME OF CEMETER  DEMOVAL (Specify):	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.  RY OR CREMATORY   LOCATION (City, town, or co	G-18-JJ
PLEASE WRIT	SIGNATURE  23. BURIAL, CREMATION, RATE THEREOF NAME OF CEMETER  DEMOVAL (Specify):	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	DATE SIGNED  (6-18-JJ  unty) (State)

DECEDAED

23
10
1
LO.
A1
VS.

e)	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	05969
7. The	5951 CERTIFICATE OF DEATH Reg. Dist.	No. 290
carefully.	1. PLACE OF DEATH:  COUNTY TOLO  CITY (If outside corporate limits, write RURAL)  LENGTH OF STAY  CITY(If outside corporate limits, write RURAL)  CITY(If outside corporate limits, write RURAL)	TOOT
of information ath clearly and	OR and give nearest town)  OR TOWN ST. Michaels  OR TOWN ST. Michaels  STREET  INSTITUTION OR  OR TOWN ST. Michaels  STREET  ADDRESS  (If rural give location)	Mg X
m of infor death clea	DECEASED: (Type or Print) Lillan F. Wright DEATH: June	(Year) Q 19 <b>5</b> 5
every item	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	Hours Min.
the c	13. FATHER'S NAME:  14. MOTHER'S MAIDEN NAME:	SA.
IK.	Clay R. Faurbanks  SIVA F. Seymour  15. WAR DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service)  18. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS:  M. Howard H. Wreg.	lt.
UNFADING sicians: plea	IB. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  (A) CALCINOTICAL, Medical Serves of the Above Cause STATING UNDERLYING CAUSE LAST.  (B) CALCINOTICAL MEDICAL SERVES OF CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	INTERVAL BETWEEN ONSET AND DEATH
, WI ant.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
3	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
VRITE PL especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (County of Injury occur?)	(State)
R W	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While Not while at work at work 10 COLOR 10	41 1
Correct age	22. I hereby certify that I attended the deceased from 192 to 6 - 7, 192 that I last alive on 2, 192, and that death occurred at M, from the causes and on the date s SADDRESS  M. D. M. D. M. D. LOCATION (City. Town, or	
PLEA	DATE REC'D BY LOCAL REGISTRAR'S STENATURE . 24. FUNERAL DIRECTOR REGISTRAR . 55 M. PLYLLY Norman D. Marshell . 37.)	ADDRESS Nichaels

MEDELVED IN

MARGIN RESERVED FOR BINDING

.03 OR age

correct SE

TYPE

K PLE/

A15.

MADVI AND OWNED DED ADMINES	OF HEALMH DALMMADE 10	.05966		
MARYLAND STATE DEPARTMEN		90		
5952 CERTIFICAT	E OF DEATH Reg. Dist.	No. of YOu		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	);		
COUNTY TALBOT MARYLAND	STATE MARYLAND COUNTY QUE	co anne's Co.		
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL a	nd give nearest town)		
45 TOWN KASTON IM SS me		7x-2		
HOSPITAL OR INSTITUTION OR ASTREET ADDRESS	STREET (If rural give location)			
3. NAME OF (First) (Middle)	(Last)   4, DATE (Month) ()	Onv) (Year)		
DECEASED:	Wyatt DEATH: 6 2			
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER I	EAR IF UNDER 24 HRB.		
M WHITE (Specify) RRIED SEPT.		ays Hours Mln.		
NOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):  12.	COUNTRY		
even if refired PER TOR STATE OF MD. TIDE WATER  13. FATHER'S NAME:  FISHERIES	14. MOTHER'S MAIDEN NAME:	0.54).		
T III	T			
18. WAR DECEASED EVER IN U.S. ASMED FORCEST   16. SDCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	1		
(Yes, no, or unk.) (If Yes, give war or dates of service)	mrs agnes Wyatt	wide		
18. MEDICAL CERTIFICA				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Tion (course), may	INTERVAL BETWEEN		
451X	estria aumenu 1	./		
MMEDIATE CAUSE (A)	1 6	/u.		
ANTECEDENT CAUSE (S)	he Thoracie darta			
GIVING RISE TO THE ABOVE CAUSE DUE TO	c response			
STATING UNDERLYING CAUSE LAST. (C)		The state of the s		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		4.04		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	ON	20. AUTOPSY?		
		YES NO E		
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		y) (State)		
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE OF INJURY While at work at work	D 21F. HOW DID INJURY OCCUR?			
alive on . 1923, and that death occurred a	F2B			
SIGNATURE	ADDRESS	E SIGNED		
	M.D. Chefren Wary Cano	20 pers 84		
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEME	TERY OR CREMATORY   LOCATION (Sty, tours, or	county) (State)		

DATE REC'D BY LOCAL CREGISTIAN'S SIGNATURE REGISTRAR

24 FUNERAL DIRECTOR

ADDRESS

#### BUREAU V. S.

336I 8 701

